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AUTHOR Gonzalez, Diana H.
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ABSTRACT

This paper reports on Cuban women living in Miami (Florida) and their adaptation to life in exile. It includes an examination of health care practices, particularly the practice of self-diagnosis and self-prescription of minor tranquilizers as coping behaviors for dealing with acculturation and culture shock. Data were gathered from questionnaires and interviews conducted among 100 women during a 2-year period in 1979-1980. The literature on stress, mental illness, and the widespread incidence of minor tranquilizer use among Cubans in Miami indicates that acculturation and political exile continue to exert strain on the family. Emigration and its accompanying sense of loss, isolation, and uprootedness are deeply felt by many first-generation Cubans. Barriers of language, job transference, and the realization of long struggles ahead increase psychological tension, thereby precipitating a greater incidence of stress reactions, neurotic symptomology, and depression compared with non-immigrant groups. This study indicates that prescription drug use among Cuban women in Miami is an adaptive strategy for dealing with stress in exile. Increased self-diagnosis of nervousness and self-prescription practices form part of the array of sociocultural adaptations that Cuban exiles use to deal with problems of adjustment. The paper includes 16 references. (AF)

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By

Diana H. Gonzalez, Research Assistant

Center for Social Research on Drug Abuse

Department of Psychiatry

University of Miami School of Medicine

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The 1959 Cuban Revolution restructured the social and economic distribution of wealth and status. Segments of the population felt threatened by the directives of the new government, and thousands fled their homeland in the early years of Castro's takeover. The majority of the refugees settled in Miami, Dade County, Florida, where they now constitute over 30% of the county's population (The Miami Herald, April 13, 1980). Miami became the destination point for many Cubans because of its geographic proximity, its climate, its status as a popular vacation spot, and for its economic opportunities in tourism, banking and manufacturing industries.

This paper focuses on Cuban women living in Miami and their adaptation to life in exile, including an examination of health care practices and an examination of the practice of self-diagnosis and self-prescription of minor tranquilizers as coping behaviors for dealing with acculturation and culture shock. The data were gathered from questionnaires and interviews conducted among 100 women during a two-year period in 1979-80.

The literature on stress, mental illness, and the widespread incidence of minor tranquilizer use among the Cubans in Miami indicates that acculturation and the political exile status continue to exert strain on the family (Ladner et al., 1975a, 1975b; Szapocznik 1977, 1979; Sandoval 1977; Gonzalez 1979; Gonzalez and Page 1979). Emigration, and its accompanying sense of loss, isolation and uprootedness are felt by many first-generation Cubans. Barriers of language, job transference, and realization of long struggles ahead increase psychological tension thereby precipitating a greater incidence of stress

reactions, neurotic symptomatology, and depression compared with non-immigrant groups (Ladner et al., 1975a:16).

Cuban women assert that conflicts between the economic pressure to work and the social need to maintain the domestic role have strained the smooth running of the traditional Cuban family. Since the Cuban mother assumes most of the responsibility for maintaining family harmony, she also absorbs the strains from acting as a mediator between the under-acculturated father and over-acculturated children (Szapocznik 1979). Many Cuban women, therefore, resort to practices of self-diagnosis and self-prescription of minor tranquilizers, which are perceived as harmless and highly effective coping strategies.

The post-migration occupation mobility forced formerly middle and upper class non-working women into the U.S. labor force, thus placing great strains on the traditional Cuban family structure and domestic division of labor. The employment status of Cuban women, and its effect upon the family structure can be analyzed in terms of particular historical and cultural elements in Cuba's economic development. Cuba inherited and modified a set of Iberian and Mediterranean values concerning sex roles and the concept of honor and shame which limited women's activities to the home. According to this model, non-employment among upper class women reflected prestige and high social standing.

The mass entry of formerly middle and upper class women into the U.S. labor force became a necessity and not a choice. Barriers of language, age, and state and local licensure restrictions prevented most exiles from transferring

their occupational skills to the United States. Those who fled Cuba were not allowed to ship their belongings or financial assets out of the country, and as a result, many Cuban women went to work in Miami to help make ends meet, but they generally viewed employment as a temporary measure.

The employment status of Cuban women increased two-fold since emigrating from Cuba (from 34 percent to 69 percent). Seventy-five percent of the sample held blue collar jobs in the service sector, while twenty-five percent held professional jobs. According to historical cultural perceptions of non-employment prestige among upper and upper-middle class women, the large-scale participation of Cuban women in the work force points to a loss of social prestige and socioeconomic status in traditional terms.

Women's work in exile is a function of age and language skills. Monolingual Spanish-speaking women over 50 years of age tend to be out of the work force, while bilingual women in the 25-45 age range have the highest work force participation rages. Women who migrated in their thirties and forties acquired few English skills and they tend to hold blue collar jobs where they work with Spanish-speaking supervisors and fellow workers. Those who left Cuba as children or adolescents and who later studied in local colleges or vocational schools acquired good English skills, jobs, and wages than their older, monolingual relatives.

A basic assumption of this paper is that immigration causes stress. Testimony of Cuban emigre women indicates that female Cuban exiles work because they have to work and not because they want to work outside the

home. The presence of children does not prevent women from working; and the relatively low annual average salaries of women in the sample ($4,000-$9,000) suggests two things: 1) women hold stressful, low-paying jobs and 2) women have the double burden of employment and domestic responsibilities. Upon returning home from a full day's work, women must supervise the housework, cook, wash, and look after the children (Scott Kinzer 1979: 13-14). In Cuba before the Revolution, the average middle class woman relied on hired, live-in maids to perform domestic and child care activities. This allowed the homemaker to pursue extra-domestic interests which may have included labor for pay, usually in the traditional female fields of education, social welfare and the arts. Access to inexpensive domestic service in Cuba was compatible with the demands of the working mother without sacrificing the smooth operation of the household.

Like Puerto Rican women who migrated to New York in the 1920's, Cuban emigre women accepted employment as a necessity in order to maintain the family unit (Sanchez Korre 1979:29). But unlike Puerto Rican women, who sought wage labor and economic betterment in New York City, Cuban women unwillingly entered the work force to help their families regain the socioeconomic status they lost when they left Cuba.

The interviews elicited information about the use of prescription tranquilizers, including the phenothiazines (Thorazine, Trilafon, Stelazine, Mellaril, Etrafon, Triavil), the benzodiazepines (Librium, Valium, Dalmane, Tranxene) and the propanediols (Miltown, Equanil). Almost three-fourths of the

sample reported ever using prescription tranquilizers, and of these, 42 percent used tranquilizers at least once weekly, and 35 percent reported daily use.

The high incidence of minor tranquilizer use among the respondents indicates a mode of adaptation to a particular social environment. In the case of the Cuban women in the study, drug use does not reflect deviant behavior, rather, it is part of a wide range of adaptive responses to life in exile.

Cuban women use Valium, Tranxene, and Ativan to alleviate a broad spectrum of ailments they identify as "nerves," or ataque de nervios (literally, nerve attack). The most frequently recurring symptoms of this ailment are: anxiety, irritability, digestion problems, nervousness, tension, and an inability to concentrate on the demands of the daily routine. Minor tranquilizers are used as "nerve pills," and often, the same brand of pills are used indiscriminately during the day and to induce sleep at night.

There are certain cognitive and behavioral links between immigration-related stress and drug use. The two most important sources of stress are exile uncertainty (i.e., anxiety about the fate of relatives, anxiety about income and employment, uncertainty about repatriation) and acculturation.

A sixty-seven year old woman offered this before-and-after perspective on generalized acculturation stress:

"In Cuba I didn't have to rush to get to work because I worked comfortably at home. I sewed for a living at my own convenience. I sewed for many girls and they later became my friends and we would go out together. I also sold my work to a store owner who sold it to tourists. But I struggled to

find work ever since I arrived in Miami in 1962. I looked for work in the garment district but they said I had no experience while others just plain rejected me. I felt at a loss because I didn't speak English."

The women in the sample agreed that they increased their intake of tranquilizers and sedatives after emigrating. The specific circumstances under which they felt the need for tranquilizers were related to the exile experience. The 1961 Bay of Pigs Invasion, the October 1962 Cuban missile crisis, and the 1980 Cuban upheaval were events which generated tension and increased the incidence of self-diagnosis and self-prescription among the women in the sample.

A twenty-five year old woman elaborated on the subject of self-prescription:

"Cuban women and men tend to be innately nervous people. We, the Cubans, are very excitable. The majority of Cubans suffer from psychosomatic illnesses. But we also suffer from a much worse ailment, and that is the tendency to be our own physicians, and the tendency to self-prescribe medicines."

Age was associated with drug use, with women in the 61-85 age range reporting the highest frequency of drug use. Income and work status were positively associated with tranquilizer use in that working women are likely to experience stress as the demands of maintaining a home and of keeping a job exceed the limits of tolerance.

Furthermore, the blending of traditional curative pre-migration medicine with the use of minor tranquilizers in exile combined to create new medicine-

taking patterns among Cuban emigre women. The Cubans have transferred and re-created their entire former health care system in Miami (Scott 1974: 526), including the model of curative medicine characterized by the use of home remedies made with store-bought or home-grown herbs. Teas made with tilo, or dry linden flowers: jazmin de cinco hojas, or five-leaf jasmine; and salvia, or sage, are good for soothing nerves; teas made with hierbabuena, or mint; manzanilla, or chamomille; and anis, or star anise seed, alleviate "digestion problems" in particular, and stomach pains in general.

Minor tranquilizers are as much a part of the Cuban pharmacopeia as were medicinal plants and other patent medicines in pre-revolutionary Cuba. Prescription medicines and home remedies alike are viewed as harmless potions. The availability of both herbs and minor tranquilizers is perhaps the most salient feature of the Cuban health care setting in exile. The process of initiation into prescription drug use and the establishment of the Latin pharmacy allow Cubans in Miami to continue the pre-revolutionary practice of self-treatment. The majority of the respondents recall being introduced to minor tranquilizers by their mother or friends, and the procurement of drugs for ongoing use is possible through participation in kinship and informal social networks, which continues to be the prevalent mode of tranquilizer distribution among Cuban women today.

A thirty year old woman gave this typical account of self-medication:

"I've always had access to nerve pills at home. My mother and I have nervous stomach pains and we take Dalmane, Librax, Donnatal...you name it.

My mother prescribes for herself and for others as well. She knows a lot about medicines and I learned about pills from her. If we don't feel well, we self-diagnose (nos consultamos) and self-prescribe with the aid of the Physicians' Desk Reference. Then I go to the pharmacy where I can buy any minor tranquilizer without submitting a doctor's written prescription, or I just take what I need from my mother or from my friends."

The re-establishment of the Latin-style pharmacy has enabled Cubans in Miami to continue the practice of self-medication. The role of the Cuban pharmacist within the Latin American tradition requires him/her to act, at times, as surrogate physician. The extra-legal dispensing of some prescription medicines, notably the minor tranquilizers and antibiotics, is exclusively therapeutic in intent, and the transaction occurs only after the establishment of a long-term relationship between the consumer and the pharmacist.

The sudden uprootedness and the forced emigration which followed the 1959 Cuban Revolution marked the beginning of a series of drastic life changes which entailed the struggle for basic survival in a culturally distinct society. The combined effects of occupational mobility, changes in socioeconomic status, the pressures of family life in exile, as well as the discrepancies between the individual's cultural background and present-day lifestyle created an exile status which Cuban women perceive as stressful.

This study of 100 Cuban women in Miami indicates that prescription drug use is an adaptive strategy for dealing with stress in exile. The political exile experience has had the effect of increasing the self-recognition of symptoms of

nervousness, which triggers self-prescription practices among Cuban exiles. In sum, the blending of the old and the new, exemplified by the pre-migration tradition of self-medication with herbal teas and the post-migration addition of minor tranquilizers and antibiotics, form part of the array of sociocultural adaptations that Cuban exiles utilize in their daily dealings with problems of adjustment.

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